



OUTDOOR EVENT APPLICATION

A \$50.00 application fee must be submitted with this application

City of Fort Lauderdale Parks and Recreation Department

Please complete the application completely printed or typewritten. If the application is not complete, it will be returned for more detailed information.

The application will be reviewed by our administrative staff to determine the following criteria:

1. Facility requested
2. Quality and goal of event
3. Compliance with City ordinances
4. Special permits required
5. Charges your organization will incur when City assistance is requested
6. Security requirements

If this event application is approved, the applicant (and production company, if applicable), must furnish the City of Fort Lauderdale with an original certificate of liability insurance in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory to the City Risk Manager. *The insurance must name the City of Fort Lauderdale as additionally insured.* If alcohol is being served at the event, a certificate of liquor liability insurance in the amount of \$500,000 naming the City as additionally insured must also be provided.

If the event is being held in DDA Plaza, the same certificates of insurance must be provided naming the Downtown Development Authority as additionally insured.

PART I: EVENT REQUEST

Event name: _____

Purpose of event: _____

Requested location: _____

Estimated daily attendance: _____

Requested dates and time of event (not including set up and tear down)

	DATE	DAY	BEGIN	END
EVENT DAY 1:	_____	_____	_____ AM/PM	_____ AM/PM
EVENT DAY 2:	_____	_____	_____ AM/PM	_____ AM/PM
EVENT DAY 3:	_____	_____	_____ AM/PM	_____ AM/PM

Set up for event will begin on: _____ at _____
Date Time

Break down will be completed by: _____ at _____
Date Time

Will your event require road closings? ☐ Yes ☐ No

If yes, describe requested streets and times in detail: _____

(Please attach a map of the above described area with your application)

Has this event been held in the past? ☐ Yes ☐ No

If yes, please list past dates and location: _____

PART II: APPLICANT

Organization name: _____
(as it appears in articles of incorporation)

Address: _____

City, State, Zip Code: _____

Phone #: _____(day) _____(night) _____(cell)

Non Profit Organization?: ☐ Yes ☐ No Tax ID #: _____

Corporation name: _____

Date of incorporation: _____ State incorporated in: _____

Federal ID #: _____

Two authorizing officials for the organization:

President: _____ Phone: _____

Secretary: _____ Phone: _____

Event Coordinator: _____

Title: _____ Phone: (day) _____(cell) _____

E-mail address: _____

Additional contact Person: _____

Title: _____ Phone: (day) _____(cell) _____

E-mail address: _____

Event production company other than applicant: _____

Address: _____ City, State, Zip: _____

Contact person: _____ Title: _____

Phone: (day) _____ (night) _____ (cell) _____

E-mail address: _____

PART III: EVENT INFORMATION

Detailed event description **(must be completed in detail):**

(Attach a copy of your proposed event site plan. Plan should include stage(s), other types of entertainment, activities, food, beverage, vendor and sponsor booths, restrooms, ticket booths, dumpsters, fencing, etc.)

Are you planning to charge admission? ☐ Yes ☐ No
If yes, how much? \$ _____

Are you requesting to fence the event? ☐ Yes ☐ No

Are you planning on having any type of concession? ☐ Yes ☐ No

Are you planning on selling alcoholic beverages? ☐ Yes ☐ No

Are you planning to use music? ☐ Yes ☐ No
Amplified? (explain) _____

Please describe the music in detail: _____

Are you planning to have any type of amusement rides? ☐ Yes ☐ No

If yes, name of company: _____

What type of rides are you planning? _____

(All rides must be approved by the state prior to opening and all permits must be secured)

Who will provide clean up services?: _____

(Company name)

Name: _____ Phone: _____

Events requiring electricity are the responsibility of the applicant and must have a master electrician on site. All permits must be pulled through the City before setting up.

Company: _____

Name of electrician: _____ Phone: _____

License #: _____

All security requirements will be determined by the City of Fort Lauderdale Police Department. EMS is required by City Ordinance to be onsite during all outdoor events.

Are you requesting services from the City of Fort Lauderdale? ☐ Yes ☐ No

If yes, what services are you requesting? _____

The information I have provided on this application is true and complete to the best of my knowledge. If this application is approved, I understand that **I must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale as additionally insured.** Also, an original certificate of liquor liability insurance must be furnished if alcohol is being served. In addition, if the event is being held in DDA Plaza, the same certificates of insurance must be provided naming the Downtown Development Authority as additionally insured. I understand that a Parks and Recreation sponsored activity has precedence over the above schedule and I will be notified if any conflicts arise.

Signature of applicant

City Outdoor Event Coordinator

Title

Director of Parks and Recreation/Designee

Date

Date

Please return completed application with \$50.00 application fee (made payable to: City of Fort Lauderdale) to:

City of Fort Lauderdale Parks and Recreation Department
1350 W. Broward Blvd., Fort Lauderdale, FL 33312
Attn: Susan Fyfe Molnar E-mail address: suem@ci.fort-lauderdale.fl.us
Phone number: (954) 828-5362

FIRE DEPARTMENT QUESTIONNAIRE

1. Are you planning to have canopies (no sides) for this event? Yes ☐ No ☐
How many and what sizes? _____

Name of Company: _____

2. Are you planning to have tents (have sides) for this event? Yes ☐ No ☐
How many and what sizes? _____

Name of Company: _____

****Tents do require a fire watch @ \$33.00 per hour, per inspector. Fire extinguishers, exit and emergency lights are required inside the tents. Smoking is not permitted inside "tents".**

A building permit is required for all tents and canopies. Please contact Lt. Keith Gair at (954) 761-5242 for permits.

3. Are you planning to have fireworks? Yes ☐ No ☐
Name of company: _____ (Permit required)

4. Are you having food vendors? Yes ☐ No ☐
How many and what kind? _____

Fire inspectors are required to inspect all tents and food vendors. If inspection is required after working hours or weekends, the cost will be \$33.00 per hour, minimum of two hours.